

### Town of Los Altos Hills Parks and Recreation

# Adult Riding Program Spring & Summer Session 2006

26379 Fremont Road, Los Altos Hills, CA 94022 (650) 941-7222 ext. 241

www.losaltoshills.ca.gov/recreation

The Year 'Round Adult Riding Program Spring & Summer Sessions offers two levels of riding lessons for adults. The Beginners Program is for adults who are new to riding and have little or no riding experience and the Novice Program is for adult riders who are comfortable at the walk and trot and are beginning to canter. Both programs are for six weeks.

## **REGISTRATION**

Mail/Walk-in: 26379 Fremont Road, Los Altos Hills, CA 94022

AGE -18 years and up FEE Resident: \$240.00 Non-resident: \$260.00

**LOCATION** - Westwind Barn, 27210 Altamont Road, Los Altos Hills 94022

# **CLASS DATES AND TIMES**:

## **Beginner Session**

Monday: March 13 – April 24 10:00 am – 10:45 am

Monday: May 1 – June 12

10:00 am - 10:45 am

#### **Novice Session**

Monday: Monday March 13 – April 24

10:45 am - 11:30 am

Monday: Monday May 1 – June 12

10:45 am - 11:30 am

**INFORMATION** –For this class there is a weight limitation of 165 lbs. No special riding attire is required, however for safety reasons we will require that participants come dressed wearing:

- Jeans or other long pants (no shorts)
- Hard sole boots or shoes with minimum 1" heel

Participant First and Last Name	Course/Activity	FEE \$240/\$260
	Adult Round Riding	

Contact Information:			
Name			
Last	First	Email	
Address	City	State	Zip
Home Phone ()	Work Phone ()	Cell Phone (	)
Local Emergency Name		Phone No. ()	
In consideration of the listed on the Registration For damages for death, personal hereafter accrue to me as a discharge, and hold harmless negligence or carelessness, representatives, next of kin, discumpled to the list of the list o	Assumption of Risk Active acceptance of the application of the classes of activities subject of the application of the applicat	n for entry into the cland discharge any and which I may have, or waid classes or activitieme to physical risks a ks of injury or death, mentioned above where, or my heirs, personate, and assumption of spouse and assigns.	all claims for which may s. nd dangers, and to release, o, through nal
TO BE COMPLETED BY PA	ARTCIPANT		
I have fully read this Agree	ement and fully understand its	content.	
Signature of PARTICIPANT:	:	Date:	

**REFUND POLICY**- No refunds will be given after program has started.

Print PARTICIPANT: \_\_\_\_\_

Please detach and remit payment to: Town of Los Altos Hills

Address: \_\_\_\_\_

Attention: Karen Jost 26379 Fremont Road Los Altos Hills, CA 94022